

high risk to be non compliant. Patients declaring good compliance, aged <77.5, with a good patient-clinician relationship were likely to be compliant. **CONCLUSIONS:** When medical data were not associated with compliance, patient reported outcome might help at identifying glaucoma treatment compliance issues. Treatment compliance is a complex concept, including several dimensions with interactions. EDSQ demonstrated some abilities at identifying non compliant patients. Age, declared compliance and satisfaction with patient-clinician relationship are dimensions that would be worth being explored before switching a glaucoma treatment due to lack of intra-ocular pressure control.

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RELATION BETWEEN SELF REPORTED GLAUCOMA SYMPTOMS AND COMPLIANCE

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OBJECTIVES: It has long been suspected that treatment compliance is affected by HRQoL. The aim of this study is to assess how compliance is related to GSS scores and other treatment variables in Glaucoma. **METHODS:** An observational study was carried out gathering information on the Spanish version of the Glaucoma Symptom Scale (GSS), three compliance scales (Morisky-Green, Haynes-Sackett, & Batalla) and information about disease severity and treatment. Concordance between adherence scales was first assessed. Using the Morisky-Green score as target criteria, a segmentation tree was tested in order to forecast compliance probability. CHAID growing algorithm was used. **RESULTS:** A sample of 367 patients was recruited with an average age of 68 (± 12.1) years from which 57% were females. Most patients (87.7%) were diagnosed of glaucoma, 10.5% were diagnosed of glaucoma and severe PIO and 1.8% presented sever PIO alone. Agreement between adherence scales was poor with a marked superiority of the Morisky-Green questionnaire. The most significant segmentation variable was GSS score, followed by age, glaucoma severity (as assessed by the clinician), number of treatment drugs, and number treatment of drops. Interaction was found between number of drops and other variables in the model. **CONCLUSIONS:** Using the tree model developed it is possible to predict compliance probability. Self perceived symptom discomfort is found to be the best predictor. Additional evidences of GSS construct validity as a measure of HRQoL have been found.

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QUALITY OF LIFE IN MODERATE TO SEVERE PSORIASIS PATIENTS IN SPAIN

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OBJECTIVES: To assess the effect of moderate to severe psoriasis on quality of life (QoL) in Spanish patients. **METHODS:** An observational study was conducted at 132 centers in Spain which included 10 consecutive patients with moderate to severe psoriasis, defined as: 1) patients with Body Surface Area ≥ 10 or 2) Psoriasis Area and Severity Index (PASI) ≥ 10 or 3) Physician's

Global Assessment ≥ 5 or 4) patients receiving systemic treatment. Demographic data, medical history, treatments, occupational impairment, current state of the disease, resource use, and QoL using the Dermatology Life Quality Index (DLQI) and other questionnaires were collected. The DLQI is a self-administered questionnaire with 10 questions measuring 6 domains: symptoms and feelings, daily activities, leisure, work and school, personal relationships and treatment. DLQI results are shown as mean scores and percentages (mean value obtained over the maximum score of the domain). **RESULTS:** A total of 1307 (1141 with complete data) patients with moderate to severe psoriasis fulfilled the inclusion criteria for the present study (38% female), with a mean age of 45.7 ± 0.9 (mean \pm SD) years, mean duration of the disease of 23.3 ± 2.3 years and mean PASI score of 13.1 ± 0.3 . The mean DLQI score was 8.7 ± 0.2 , meaning a moderate effect of psoriasis on patient life. Highest mean scores (worst) were obtained in symptoms and feelings (2.7, 45%) and treatment (1.0, 33%) domains and lowest mean scores were obtained in personal relationships (1.1, 18%) and work and school (0.7, 23%) domains. Mean scores for daily activities and leisure were 1.7 (28%) and 1.6 (26%) respectively. **CONCLUSIONS:** Moderate to severe psoriasis has a negative impact on patient QoL. A more intensive and integrated approach to these patients should be considered to achieve a smaller impact of psoriasis on patients' quality of life.

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RESPONSE SHIFT IN A RANDOMIZED CONTROLLED TRIAL OF LOW VISION CARE FOR PATIENTS WITH AGE-RELATED MACULOPATHY

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OBJECTIVES: To confirm the reliability of quality-of-life (QOL) assessments in a randomized controlled trial (RCT), we investigated the changes in internal standards as a representative of 'response shift (RS)'. **METHODS:** One-hundred and three patients with age-related maculopathy in Japan were randomized to the intervention group and the control group. The intervention group received a standardized low vision care program for 6 months. For ethical considerations, low vision care was also provided for applicants in the control group after 6 months. We assessed visual function-related QOL using the Japanese version of the 25-item National Eye Institute Visual Function Questionnaire (VFQ-25) at baseline, 6-, and 12-months. We asked the patients to answer an additional questionnaire to investigate the changes in internal standards at 6- and 12- months which inquired about QOL at baseline (then-test). This questionnaire included 7 items selected from the VFQ-25 as the representatives of major 7 domains (general vision [GV], near vision [NV], distance vision [DV], social function [SF], mental health [MH], role limitations [RL], and dependency [DP]). **RESULTS:** Fifty-four patients at 6-months and 52 patients at 12-months completed the then-test questionnaire in addition to the VFQ-25. Regardless of the direction of change (improved or deteriorated) in scores, the then-test results tended to decrease the difference of the scores. That is, then-test scores tended to be higher than baseline scores in the case of improvement, and tended to be lower than baseline scores in the case of deterioration. The statistically significant difference was observed between pre- and

then-test scores only in the item of NV ($P < 0.01$). This was consistent in the additional analyses divided into the two RCT arms on the whole. **CONCLUSIONS:** The results of this study suggest that we can rely on the QOL assessment results in RCTs without worrying too much about RS.

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USTEKINUMAB SIGNIFICANTLY IMPROVES HEALTH-RELATED QUALITY OF LIFE IN PATIENTS WITH MODERATE TO SEVERE PSORIASIS

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OBJECTIVES: The objective of this analysis was to examine the impact of ustekinumab on health related quality of life (HRQoL) in psoriasis patients. **METHODS:** 766 patients were enrolled in the PHOENIX I trial. Patients were randomized to placebo, ustekinumab 45 mg, or ustekinumab 90 mg. Patients received ustekinumab at baseline, week 4, and q12w thereafter. Patients randomized to placebo received placebo at baseline and week 4, and ustekinumab 45 mg or 90 mg after cross-over at week 12. HRQoL were assessed using the SF-36 and Dermatology Life Quality Index (DLQI). **RESULTS:** Baseline SF-36 and DLQI scores were similar among treatment groups with a mean PCS score of 47.9, mean MCS score of 49.8, and mean DLQI score of 11.5. Compared with the placebo group, patients in each ustekinumab group had significantly greater improvements from baseline in both the PCS (2.0 and 3.2, vs. -0.5, $p < 0.001$) and MCS scores (2.1 and 2.5 vs. -1.3, $p < 0.001$) at week 12. All 8 domains of the SF-36 showed statistically significant improvements ($p < 0.05$) in the combined ustekinumab group versus placebo at week 12. At week 12, the mean change from baseline in DLQI was -8.0 for the 45 mg group and -8.7 for the 90 mg group versus -0.6 for the placebo group (each $p < 0.001$ vs. placebo). A greater proportion of patients in each ustekinumab group than in the placebo group achieved a clinically meaningful improvement in PCS and MCS scores (≥ 5 -point improvement), and a DLQI score of 0 or 1 at week 12. These improvements observed in the ustekinumab groups were maintained through week 40. Patients in the placebo group who crossed-over to ustekinumab at week 12 achieved improvements in PCS, MCS and DLQI scores at week 40 that were similar in magnitude to those observed in patients initially randomized to ustekinumab. **CONCLUSIONS:** Ustekinumab treatment significantly improves overall and disease-specific quality of life in moderate to severe psoriasis patients.

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PSORIASIS AND THERMAL THERAPY: EVALUATION OF MEDICAL SERVICE

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OBJECTIVES: To demonstrate the pertinence of using thermal therapy in terms of quality of life. **METHODS:** During the 2005 and 2006 seasons, a generic scale (SF-12) and a specific scale (DLQI—Dermatology Life Quality Index) were filled in by each patient when they arrived at the Avène hydrotherapy center (consultation on arrival), at the end of the thermal therapy (week 3), but also at 3 and 6 months after the end of the therapy. **RESULTS:** These results took into account the 262 questionnaires

from patients suffering from psoriasis who filled in the self-questionnaires on arrival. The average age of the subjects was 52.2 ± 13.8 years. The gender ratio was in favour of men (55.3% vs 44.7%). The average age of the subjects at the time of diagnosis was 32.1 ± 16.9 years. 66.0% of the subjects considered that their dermatosis had deteriorated “their daily life”, 49.6% “their health” and 49.2% “their leisure activities”. Following the 3 weeks of treatment these feelings had strongly diminished, there were respectively only 35.2%, 26.6% and 30.5% who thought so. The DLQI score on arrival was 26.1 ± 20.2 ; following therapy it was 10.0 ± 10.5 . The evaluation of the DLQI score was compared to the score obtained on arrival, showing a significant improvement in quality of life at 3 weeks, sustained improvement at 3 months and perpetuation of the effect at 6 months ($p < 0.05$). These results show a significant improvement in the mental dimension of the SF-12 (MCS-12 = 39.0 on arrival to 42.5 at following therapy). **CONCLUSIONS:** This study confirms the alteration in the quality of life of patients suffering from psoriasis and its impact on daily life. The results confirm the improvement in the patients’ quality of life following the therapy, sustained improvement at 3 months, and perpetuation at 6 months.

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ATOPIC DERMATITIS AND THERMAL THERAPY: EVALUATION OF MEDICAL SERVICE

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OBJECTIVES: To demonstrate the pertinence of using thermal therapy in terms of quality of life. **METHODS:** During the 2005 and 2006 seasons, a generic scale (SF-12) and a specific scale (DLQI—Dermatology Life Quality Index) were filled in by each patient when they arrived at the Avène hydrotherapy center (consultation on arrival), at the end of the thermal therapy (week 3), but also at 3 and 6 months after the end of the therapy. **RESULTS:** These initial results took into account the 174 questionnaires from patients suffering from atopic dermatitis. The average age of the subjects was 36.4 ± 14.7 years. The gender ratio was largely in favour of women (70.1% vs 29.9%). The median age of the subjects at the time of diagnosis was 16.0 years. Women were diagnosed earlier than men, with a median diagnosis age of 8.0 years for women and 20 years for men. 72.1% of subjects considered that their dermatosis had deteriorated “their daily life”, 58.9% “their health” and 60.0% “their leisure”. Following the 3 weeks of therapy these feelings had strongly diminished, and respectively only 44.3%, 34.8% and 35.3% thought so. The DLQI score on arrival was 32.4 ± 22.7 . The evaluation of the DLQI score was compared to the DLQI score obtained on arrival, showing a significant improvement in quality of life at 3 weeks sustained improvement at 3 months and perpetuation of the effect at 6 months. No significant improvement in either the mental dimension or the physical dimension of the SF-12 were observed. **CONCLUSIONS:** This study confirms the alteration in the quality of life of patients suffering from atopic dermatitis and its impact on daily life. The results confirm the improvement in the patients’ quality of life following the therapy, sustained improvement at three months, and perpetuation at six months.

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ATOPIC DERMATITIS & PSORIASIS: CROSS-EVALUATION OF QUALITY OF LIFE

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OBJECTIVES: The objective of this project was to conduct a cross-evaluation of the quality of life of patients suffering from